

From: Web Form Poster [tberry@auditor.in.gov]
Sent: Monday, January 31, 2011 4:15 PM
To: IG Info
Subject: Berry, Tim Auditor

For the Calendar Year: 2010

Check if this is an amendment to your current statement.:

Name (Last): Berry
Name (First): Tim
Name (Middle): J

Spouse's Name (Last): Berry
Name (First): Kim
Name (Middle): J

Office Address (Street): 242 Statehouse
Address (City): Indianapolis
Address (Zip): 46204

Office Telephone Number: (317)232-3300
Email Address (required): tberry@auditor.in.gov

I am filing this statement as a (select one): incumbent

Office or Agency: State Auditor
Job Title: State Auditor

PART 1 - GIFTS (If you have information to report below, select YES. If no information, select NO.) No

Name (Last):
Address (City):
Address (Zip):
Name (Last):

Address (City):
Address (Zip):

Name (Last):
Address (City):
Address (Zip):

PART - 2 REAL PROPERTY INTERESTS (If you have information to report below, select YES. If no information, select NO.) Yes

Property and its location: 7629 Prairie View Drive, Indianapolis, IN 46256
Property and its location:
Property and its location:

PART - 3 Non-State Employers (If you have information to report below, select YES. If no information, select NO.) Yes

List the name of your employer(s) and the employer(s) of your spouse and the nature of each employer's business.

Your employer: State Auditor

Nature of business:

Spouse's employer: Cystic Fibrosis Foundation

Nature of business: Health fundraising

PART 4 - SOLE PROPRIETORSHIP OR PROFESSIONAL PRACTICE (If you have information to report below, select YES. If no information, select NO.) No

Name of Your Business:

Nature of Business:

Name of Spouse's Business:

Nature of Spouse's Business:

Do any clients for these businesses listed above have a business relationship with your agency (or in the case of a candidate, with the office sought)?

List the name of any client or customer from whom you or your spouse received more than thirty-three percent (33%) of your (or your spouse's) non-state income in a year.

PART 5 - PARTNERSHIPS (If you have information to report below, select YES. If no information, select NO.) No

Name of Your partnership:

Nature of partnership:

Name of Spouse's partnership:

Nature of Spouse's partnership:

PART 6 - OFFICER OR DIRECTOR OF CORPORATION (If you have information to report below, select YES. If no information, select NO.) No

Name of Corporation:

Nature of Business:

Name of Spouse's Corporation:

Nature of Spouse's Business:

PART 7 - STOCKHOLDER OF CORPORATION (If you have information to report below, select YES. If no information, select NO.) No

Name of corporation:

your's:

spouse's:

children's:

Name of corporation:

your's:

spouse's:

children's:

Name of corporation:

your's:

spouse's:

children's:

PART 8 - MOST RECENT EMPLOYER (If you have information to report below, select YES. If no information, select NO.) Yes

Name of your most recent former employer: Allen County Treasurer

Address

Street: 1 East Main Street

City: Fort Wayne

State: IN

Zip Code:

COMMENTS

<p>Please place any comments in the fields below

FIELDS NOT DEFINED IN THE TEMPLATE FOLLOW
